

MONTANA DEPARTMENT OF TRANSPORTATION
Civil Rights Bureau
2701 Prospect Avenue
P.O. Box 201001
Helena, MT 59620-1001

LABOR COMPLIANCE COMPLAINT

1. Name: _____ 2. Social Security #: _____

Mailing Address.: _____

3. Home Phone: () _____ Work Phone: () _____

4. Identification of Federal-aid Highway Project on which this complaint is filed:

(project number, if known)

(location of project)

5. Nature of complaint (check applicable statements):

- a. underpayment of wages for work performed _____
- b. underpayment of overtime for work performed _____
- c. unauthorized payroll deductions _____
- d. non-payment of fringe benefits _____
- e. other (explain) _____

6. Name of contractor you were employed by: _____

7. Name of immediate supervisor: _____

8. Dates during which your complaint occurred:

From _____ To _____

9. Type of work you performed (check applicable crafts):

Laborer____ Operator____ Truck Driver____ Cement Mason____

Ironworker____ Other (specify) _____

10. Have you explained your complaint to your employer?

Yes ____ No ____

If so, who did you talk to? _____

11. Describe your complaint in detail. BE SPECIFIC IN IDENTIFYING SIZES AND TYPES OF EQUIPMENT USED. (Use back of this form, if necessary.) Attach a copy of any time records you may have kept.

(Signature)

(Date)

Project #_____

Designation_____

I hereby authorize the Montana Department of Transportation to release my name to _____ during their investigation of my labor complaint on the above project. I understand that I am not required to sign this form in order for the Montana Department of Transportation to investigate my complaint.

(Name)

(Date)

Notarized by: